

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019837** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			